

## Cost of Coverage

Your cost depends on the plan option and the coverage amount you choose, which can range from \$10,000 to \$500,000. You pay nothing for the first month. Likewise, if you increase coverage, you don't pay the extra premium for the first partial month of increased coverage.

## Your Beneficiaries

To name or change your beneficiary, use the online beneficiary form on the At Your Service website select "Your Benefits Online."

You may change your designated beneficiary at any time on At Your

Service. Once your designations are processed, all previous designations are revoked. You may complete UC's *Designation of Beneficiary* form (UBEN 116) if you do not have Internet access.

If you don't name beneficiaries, benefits are paid to the first survivor in this list:

- a. Your spouse or domestic partner;
- b. Child or children, including adopted child or children (child or children of a deceased child shall take the share of such child by representation);
- c. Parent or parents;

- d. Your surviving brothers and sisters;
- e. Your executors or administrators.

If there is no such survivor, any lump sum death payment shall be paid to the member's estate.

Changes in your family situation (e.g., marriage, divorce, birth of a child) do not automatically alter or revoke your previous designations. **Prior designations remain valid until you complete a new designation form.** Review your beneficiary designations for your insurance plans any time there is a change in your family situation. **A will does not supercede a beneficiary designation.**

You are the beneficiary if a covered family member dies. If you prefer, you may designate someone else to receive benefits if a covered family member dies. To name or change an alternate beneficiary, use the *Designation of Alternate Beneficiary—Expanded Dependent Life and AD&D Insurance* form (UBEN 119) available on the At Your Service website ([atyourservice.ucop.edu](http://atyourservice.ucop.edu)) under "Forms & Publications."

See your Benefits Office (see page 11) for information and forms.

## For More Information

This is only an overview of your AD&D benefits. For full details, see your Benefits Office or the appropriate person in your department for a copy of the insurance plan booklet. Once you enroll in the plan, the insurance carrier will send you more information.

## AD&D Monthly Rates

Coverage	Plan Options		
	Self (You)	Family (You, spouse or partner, and eligible children)	Modified Family (You and eligible children)
\$ 10,000	\$ 0.16	\$ 0.26	\$ 0.20
20,000	0.32	0.52	0.40
30,000	0.48	0.78	0.60
40,000	0.64	1.04	0.80
50,000	0.80	1.30	1.00
60,000	0.96	1.56	1.20
70,000	1.12	1.82	1.40
80,000	1.28	2.08	1.60
90,000	1.44	2.34	1.80
100,000	1.60	2.60	2.00
125,000	2.00	3.25	2.50
150,000	2.40	3.90	3.00
175,000	2.80	4.55	3.50
200,000	3.20	5.20	4.00
300,000	4.80	7.80	6.00
400,000	6.40	10.40	8.00
500,000	8.00	13.00	10.00